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|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>0113222.00150US2 |                         |
| <b>Application Number</b> 10/790920-Conf. #1426   |   | <b>Filed</b> March 2, 2004                          |                         |
| <b>For</b> ATTRITION RESISTANT, ZINC TITANATE-CONTAINING, REDUCED SULFUR SORBENTS AND METHODS OF USE THEREOF  |   |   |                         |
| <b>Art Unit</b> 1754  |   | <b>Examiner</b> A. E. Hertzog                       |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120   | \$60 \$ 60.00           |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450   | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020  | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080 \$               |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0219. I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 47,692   |   |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |   |   |                         |
| Kristin M Joslyn  |   | November 28, 2005                                   |                         |
| Signature   |   | Date  |                         |
| Kristin Joslyn  |   | (212) 230-8800                                      |                         |
| Typed or printed name   |   | Telephone Number                                    |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |                         |
| <input checked="" type="checkbox"/>   | Total of 1 forms are submitted.   |   |                         |

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